

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

THE MARYLAND CENTRAL DIRECTORY

DEAR EDITOR: The Medical and Chirurgical Faculty of Maryland, an organization founded in 1799 to include all the medical societies existing in the state, celebrated its 110th anniversary by the formal opening and dedication of its large and very beautiful building just finished at 1211 Cathedral Street, Baltimore. The exercises were held Thursday, May 13; most of the chief physicians of the United States were present, and many made addresses, including Dr. Osler, who came from England for the occasion. The building contains a large library and reading rooms; assembly, committee and lecture rooms, clinical laboratory, kitchen and serving rooms, dining hall, reception rooms, offices, etc.; and an immense assembly hall built by the Osler Memorial Fund and named Osler Hall. On the top floor is an apartment of several rooms and bath for the residence of Miss Noyes, the librarian.

Of especial interest to all nurses in Maryland is the fact that two rooms on the ground floor are set apart for, and rented to, the State Association of Nurses. Here, besides desks and other furniture, are bookcases, a complete bound set of the *AMERICAN JOURNAL OF NURSING*, and an engraved copy of Cecilia Beaux's portrait of Miss Nutting; and here, it is hoped, will eventually be established a central directory for all the nurses of the city. The recent developments of this movement are interesting and significant and are as follows:

The Medical and Chirurgical Faculty, in some of the meetings of the past year, proposed and discussed establishing themselves in this new building, a central directory for nurses which should be under the control of the Faculty, as has been previously done by doctors in some other cities. This suggestion was opposed by some of the leading practitioners whose objection lay along two lines, (1) that nurses should manage their own interests without interference from doctors, and (2) that the doctors by thus taking control of nurses would be responsible for them and would have to receive complaints against them, arbitrate differences, etc. These doctors thought that this state of affairs would be contrary to the best interests of both professions. This was a large-minded view; but the indications are that the Medical and Chirurgical Faculty would, notwithstanding, have attempted to establish the directory, had it not been for the timely action, in the "psychological moment," of the State Association of Nurses. This association at its meeting of January, 1909, gave most of its time to the central registry question and both sides were defended by nurses who spoke with the clearness and courage of their convictions. By a rising vote it was found that the meeting was overwhelmingly in favor of establishing a directory as soon as possible; but it is to be noted that the meeting was a small one and not at all representative of its own membership. Those present were chiefly nurses connected with institutions or some branch of philanthropic work, and these have proved themselves to be usually in favor

of the directory; there were comparatively few private duty nurses present, and it is the private duty nurses who are especially concerned in this movement and who, in Maryland, are nearly all opposed to it. At this meeting slips were distributed among the members inviting them to become shareholders in a stock company which should establish and manage the directory. Some money has been secured in this way, but only a small part of the amount necessary; and the whole idea remains as unpopular as ever; the members of the various *alumnæ* registries opposing any change. It is a rather amusing coincidence that at this same meeting a sum of money, as large as the treasury of the association would allow and increased by many individual contributions from members, was presented by the association to the Medical and Chirurgical Faculty to help in paying for the new building which was dedicated May 13. This was given in acknowledgment and grateful appreciation of treatment which physicians have given nurses free of charge; and as an expression of the very cordial and friendly relations which exist between the two professions in our state.

This was the stock-company organization which was referred to in an editorial in the June number of the *AMERICAN JOURNAL OF NURSING*. Since this, announcement has been made that "the position of registrar for the central directory to be opened in the Medical and Chirurgical Building under control of the State Association of Nurses, is open to applicants"; but so far as we know there have been no candidates for the place. Many nurses who believe firmly in the central directory idea feel very strongly that this all-important position should not be held by any nurse whatever, but by a business woman taken from outside. The registrars of existing *alumnæ* registries do not entirely escape accusations of partiality, favoritism, and suppression of names. It is held that the dissatisfaction, whether just or not, would be much increased if a graduate of any one school conducted a registry of graduates from all schools. It is quite certain that no plan yet put forward, in print or speech, could eliminate the tremendous power for, and temptation to, unfairness and injustice on the part of the registrar,—unfairness and injustice which might be quite unconscious, which might even arise from conscientiousness, and yet amount to plain dishonesty. The writer feels quite sure that the objection of most Maryland nurses who are opposed to the central registry arises from a conviction that no person could be found who would be satisfactory, not only to the managing committee and to the public, but to the army of private nurses whose destinies she would control.

In May the Johns Hopkins Nurses' *Alumnæ* Association held its annual meeting, and the registry question was reopened, with a fair number of supporters present. When, however, the statement was clearly made that to open a registry in the Medical and Chirurgical Building as proposed would mean closing the club-house on North Avenue and breaking up the home and social life there; and when a vote was called for on that basis, only two nurses voted in favor of the change. These two were persons doing institution work, never living in the club-house, and in no way attached to it—or dependent upon it for home life. It will be long before Johns Hopkins nurses, working in Maryland, take any action which will abolish their club; it is professional headquarters for all, a social centre for many, and the *home* of a large number. As is clearly shown, even the earnest advocates of a central registry are not

willing to accomplish their object at such a cost; and this is significant, since the central directory plan originated in, and has been chiefly promoted by, the Johns Hopkins members of the state association. No doubt this same condition exists in other alumnae associations in Maryland; no doubt the breaking up of present centres of professional and home life seems too grave a matter to be entered into lightly and unadvisedly, and is one reason that the central registry idea has few adherents among private duty nurses, no matter from what school they graduated.

This is the present situation in Maryland. Those who earnestly believe in the inherent justice and *rightness* of the idea are still confident of eventually developing a directory in the beautiful Medical and Chirurgical Building, which shall meet the approval of all factions; but this will come when the whole body of nurses wish it, and not before. When the work requires it, living apartments for the registrar will be provided in the building as for the librarian.

Whatever the outcome, Maryland nurses owe a debt of gratitude to the doctors who have given us a place in their handsome headquarters, and whose generous, fairminded co-operation has allowed us to keep in our own hands one of the most important of all nursing matters. The issue may not be so satisfactory in all places, however, and this review of Maryland affairs is written as a warning and encouragement to nurses in other cities who are still hesitating, as we are here, over the central directory question.

A MARYLAND NURSE.

RELIGION AS A FACTOR IN THE NURSE'S SUCCESS

DEAR EDITOR: In the early days of training schools, their work was taken up almost entirely by women of philanthropic aims, women of deep thought and sober lives, who looked upon their work of nursing the sick as a means of service to humanity. Gentle, kind, enduring, self-sacrificing, finding reward *in*, rather than for, their work.

As the years have wrought such colossal changes in the systems and methods of administration of training schools, changing the sometimes crude and unscientific work of former years into the skilful accomplishments of the training schools of to-day, have they not in no less degree altered the standard and characteristics of the nurse herself? How does the finished product of an educational basis compare with her professional predecessor in all those qualities that have made the name of "nurse" almost as sacred and revered as that of "a Sister of Charity"?

It would almost seem that the strenuous training of to-day was repressing all the individuality of our nurses, making them appear indifferent and mechanical in their services to others, quite dispelling that beautiful sense of "ministering" unto others, even though they do receive financial reward.

But the moral responsibility, apparently, is left off the lengthy curriculum, and the religious life of the average pupil nurse seems to be at low ebb. Three years make a great hole in one's youth, and the girls must be admitted while comparatively young,—many coming, for the first time, from God-fearing homes, —but the stress of long hours of work and study, together with association with more worldly-wise companions, tends to make them forget their religious duties, and the side of their life that ought to be enlarged to meet the future demands of their work is utterly neglected and left to starve and shrivel out of sight.